

**Bell Laboratories, Inc.**

3699 Kinsman Boulevard, Madison, Wisconsin 53704 U.S.A. / 608/241-0202 / Fax: 608/241-4081

12 June 2006

Document Processing Desk - 6A2  
Office of Pesticide Programs - 7504C  
U.S. Environmental Protection Agency  
Ariel Rios Building  
1200 Pennsylvania Ave. N.W.  
Washington, DC 20460

Re: FIFRA Section 6(a)(2) – Voluntary Industry Report for Adverse Effects Incident Information

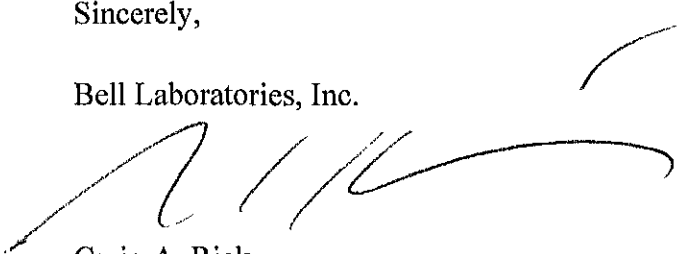
Enclosed, please find our Voluntary Industry Report for Adverse Effects Incident Information submitted in accordance with FIFRA section 6(a)(2). Also, in accordance with FIFRA section 6(a)(2), and as specified under 40CFR Part 159.156, we include the following information in this cover letter.

Submitter:	Craig A. Riekana Compliance Manager Bell Laboratories, Inc.	Registrant Name:	Bell Laboratories, Inc. 3699 Kinsman Blvd. Madison, WI 53597
Transmittal Date:	June 12, 2006	Submission:	Voluntary Incident Report
Reportable Substance:			

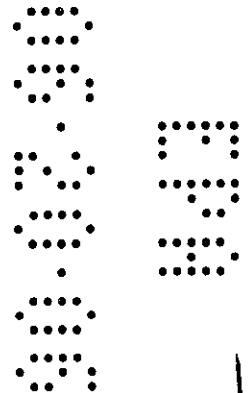
Product	EPA Reg. #
ZP Tracking Powder	12455-16

Sincerely,

Bell Laboratories, Inc.



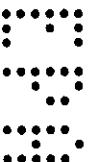
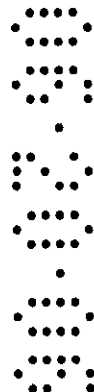
Craig A. Riekana  
Compliance Manager  
Bell Laboratories, Inc.  
criekena@belllabs.com



# Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3

Row 1  Administrative Data	Reporter Name <b>[REDACTED]</b>		Submission date.	Contact person (if different than reporter)	Internal ID <b>85440-2</b>		
	Address <b>Guthrie, OK</b>			Address			
	Phone # <b>[REDACTED]</b>			Phone #			
	Incident Status: <b>New</b>	Location and date of incident <b>Guthrie, OK 05/28/2006</b>		Date registrant became aware of incident. <b>05/28/2006</b>	Was incident part of larger study? <b>No</b>		
Row 2  Pesticide(s) Involved	EPA Registration # (Product 1) <b>12455-16</b>		EPA Registration # (Product 2)		EPA Registration # (Product 3)		
	A.I. (s) <b>Zinc phosphide / 10.000%</b>		A.I. (s)		A.I. (s)		
	Product 1 name <b>ZP Tracking Powder</b>		Product 2 Name		Product 3 Name		
	Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?		
	Formulation <b>powder</b>		Formulation		Formulation		
Row 3  Incident Circumstances	Evidence label directions were not followed? <b>No</b> Intentional misuse? <b>No</b>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of- way (rail, utility, highway)). <b>Own Residence</b>			Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <b>See Incident Description Notes</b>		
	Applicator certified? <b>UNK</b>						
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <b>See Incident Description Notes</b>						



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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

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Brief description of incident circumstances.

*Blair , Phil 5/28/2006 1:45:57 PM*

*Hx: Caller has son's that were sweeping shed with product spread across floor. Exposure took place 30 mins ago, have developed redness to eyes, may have inhaled product.*

*A: Informed caller to rinse eyes with cool running water for 20 mins, if sxs persist or worsen over next 2 hrs seek MD eval. If any respiratory sxs or discomfort develop seek MD eval ASAP. Gave Case # and CB prn if MD(if needed) or caller has further questions.*

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*McKechnie , Scott 6/1/2006 2:28:11 PM*

*Hx: Caller calling to retrieve case #. Son [REDACTED] can't hold food or water down, has abdominal pain, can't catch his breath with exercise. Has appointment with MD in 30 minutes, will have MD call prn if needs more info. No other questions at this time. Gave case #.*

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*Kasal , Mary 6/2/2006 12:10:22 PM*

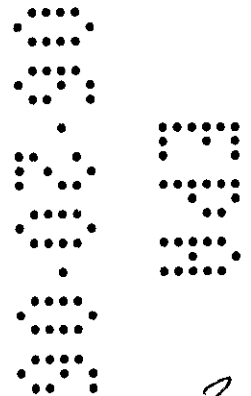
*Cb. LM. Told caller to Cb. prn.*

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*Nystuen , Amy 6/6/2006 11:58:55 AM*

*Talked with the father of the two patients and he states that the younger boy, [REDACTED] went in to see the doctor and they told him that it was probable strep throat and would not call Bell Lab. to find out. The doctor put him on anti-nausea medication. The swollen eyes lasted for 12 hours and the stomach cramps lasted 3-4 days. Both sons are better now.*

\*Personal privacy information\*



# Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

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Demographic information: Age: <b>7 Year(s)</b> Sex: <b>Male</b> Occupation (if relevant) <b>NA</b>	Exposure route: <b>Ocular</b> <b>Inhalation</b>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <b>No</b>	Was protective clothing worn (specify)? <b>None Reported</b>
If female, pregnant? <b>NA</b>	Was exposure occupational? <b>Not indicated</b> If yes, days lost due to illness: <b>NA</b>	Time between exposure and onset of symptoms: <b>30 min or less</b>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <b>None</b>	List signs/symptoms/adverse effects <b>Gastrointestinal-Abdominal Pain</b> <b>Ocular-Redness/Conjunctivitis</b> <b>Respiratory-Dyspnea/Shortness of Breath</b>		If lab tests were performed, list test names and results (If available, submit reports) <b>None Reported</b>
Exposure data: <b>NA</b> Amount of pesticide: <b>NA</b> Exposure duration: <b>Acute &lt; 8hrs</b> Patient weight: <b>50 lbs</b>			
Human severity category: <b>HC</b>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #  
85440-2